Initial Application Amended Application	
Date:	_

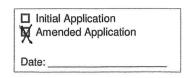


## City of Tucson COMMITTEE STATEMENT **OF ORGANIZATION**

COMMITTEE ID NUMBER (office use only)

	COMMITTEE	TYPE	(choose one	):
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Candidate	Conta	Cruz for Tueses		
Committee Name (required): (first or last name & office)	Santa Cruz for Tucson			
Candidate Information:	Candidate's Name (required):	Lane Santa Cruz		
caradate momatem	Candidate's mailing address (required):	868 W Calle Carasol Tucson, AZ 85713		
	Candidate's email address (required):			
	Candidate's phone number (required):			
	Candidate's website (if any):	www.santacruzfortucson.com		
Office Sought (choose one):	K.	Ĝ 🗖		
Election Cycle for Office Soug	ght (year the election will take place) (require	ed):		
Party Affiliation: (required)	☐ Democrat ☐ Libertarian ☐ Repu			
☐ Political Action Comm		7 E C C C C C C C C C C C C C C C C C C		
Committee Name (required): (if sponsored, must include sponsor's name)				
Political Function (optional): (select any that apply)		ted Independent Expenditures  Recall Expenditures		
Sponsorship Information: (if applicable)	Sponsor's mailing address (required):			
	Sponsor's phone number (if any):			
Special Status must be filed	with Secretary of State	Segregated Fund of a Corporation, LLC, Partnership, or Union		
(if applicable)	☐ Standing Committee	e (must also complete separate standing committee registration of Mega PAC status to filing officer) (amended applications only		
☐ Political Party				
Committee Name (required): (must include party affiliation)				
Jurisdiction:	☐ County Party (must include proof of qua ☐ Legislative District Party (must include p	fication pursuant to A.R.S. § 16-801 or § 16-804) Alification pursuant to A.R.S. § 16-802 or § 16-804) Perior of organization pursuant to A.R.S. § 16-823) Of qualification pursuant to A.R.S. § 16-802 or § 16-804)		
Special Status must be filed (if applicable)	d with Secretary of State Standi	ing Committee (must also complete separate standing committe ation)		





## City of Tucson COMMITTEE STATEMENT OF ORGANIZATION

COMMITTEE ID NUMBER
(office use only)

## **COMMITTEE INFORMATION:**

	Contact Information:	Committee's mailing address (required):	PO Box 745 Tucs	on,AZ 8570	2		
		Committee's email address (required):	1-6-0	@santacruzfortucson.com (520) 329-3605			
		Committee's phone number (if any):					
		Committee's website (if any):	www.santacruzfortucson.com				
	Chairperson's Information:	Chairperson's name (required):					
		Chairperson's physical address (required):		0	9		
		Chairperson's mailing address (if different):			TI	77-7	
		Chairperson's email address (required):		-< <u>-</u> <	6	äs	
		Chairperson's phone number (required):			র্জ		
		Chairperson's employer (required):		77	P	55	
		Chairperson's occupation (required):			•	Č.	
	Treasurer's Information:	Treasurer's name (required): Shast	a McManus		6	*C.	
		Treasurer's physical address (required):	442 E Pima	St. Tues	son 8571	2	
		Treasurer's mailing address (if different):					
		Treasurer's email address (required): _\$\overline{S}\o	asta M@ SIMG	Inc. C	om		
		Treasurer's phone number (required):52					
		Treasurer's employer (required): Strategic Issues management Group In					
	Treasurer's occupation (required):	oltant					
Bank or Financial Institution: (do not list acct numbers)		Bank name (required): National Bank of Arizona  Additional bank name (if applicable):					
D	chairperson or treasurer of the committee and authorize it to campaign finance and reporti	erjury that the foregoing information is true e committee named herein, if applicable; (2) receive/make contributions/expenditures on ng guide; (4) agree to comply with Arizona e agree to accept all notifications and legal s	designate the above-named comy behalf, if applicable; (3) halection law, including campaig	ommittee as m ave read the S in finance laws	y official cand secretary of Si s codified at A	lidate tate's .R.S.	
		nasta Mamanur		15/19			
		icable):					